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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CT: Three Wired Sisters	
Sebel	Name of Limited Liability Company	
The end	losed Articles of Organization and fee(s) are submitted for filing.	
Please 1	eturn all correspondence concerning this matter to the following:	
	Cheryl Edwards Name of Person	
	Three Wired Sisters Firm/Company	
-	3661 Via Poinciana # 310 Address	
-	CE.3 Wired Sisters & gmail, com E-mail address: (to be used for future annual report notification)	_
-	C.E.3 Wired Sisters & gmail. com E-mail address: (to be used for future annual report notification)	<u>-</u> -
For furt	ner information concerning this matter, please call:	
	Name of Person at (561) 964-2985 Area Code & Daytime Telephone Number	
Enclos	ed is a check for the following amount:	
\$125.00	Filing Fee \$\sum_{\text{S130.00 Filing Fee & Certificate of Status}}\$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)}\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address: Mailing Address:** ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Florida street address (P.O. Box NOT acceptable) Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
M&R	Cheryl Edwards 3661 Yia Poinciana Lake Worth, FL 33467
_M&RM	Vicki Rau. 189 White St. Eatontown, NJ 07724
MBRM	Kimberly Kelley 1904 Maryal Dr. Sacramento, Ca. 95864
(Use attachment if necessary) LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	he date of filing: (OPTION be specific and cannot be more than five business dates
Signature of a mem	Ler or an authorized representative of a member.
constitutes an affirmation un	08.408(3), Florida Statutes, the execution of this document
I am aware that any false info	der the penalties of perjury that the facts stated herein are true. ormation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.)
I am aware that any false info constitutes a third degree fel	ormation submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)